

CLARK COUNTY LOBBYIST REGISTRATION STATEMENT/ **DISCLOSURE FORM**

Badge #	
Return Date	
Renewal Date	

7014 MAY 29 A 11: 41

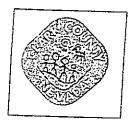
Pursuant to Ordinance No. 3754 which states in part tha shall, not later than 5 days after the beginning of the acti County Clerk, Commission Division."	at: "Every person who acts as a lobbyist ivity, file a registration statement with the
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- If registering as an annual lobbyist, this form must be completed once in its entirety. For all subsequent communication, lobbyist need only complete Section 5. Registration statements for annual lobbyists are <u>due no later than</u> January 10th of each calendar year.
- For lobbyist not registered annually, this form must be completed in its entirety for each communication.

Completed forms may also be submitted by fax to the County Clerk, Commission Division at 455-4626. This form can be accessed on the County's website at: www.co.clark.nv.us/clerk/forms.htm

SECTION 1				
LOBBYIST'S FULL NAME: Bonnie Rinaldi				
APPLICATION DATE: June 5 UC-422-14				
PERMANENT ADDRESS: 315 Hemelon, Jacksonville OR 91520				
BUSINESS NAME: P. Maldit ASSOC.				
BUSINESS ADDRESS: forme as above				
SECTION 2				
PROVIDE THE FULL NAME AND COMPLETE ADDRESS OF EACH PERSON, GROUP OR ORGANIZATION BY WHOM YOU ARE RETAINED, EMPLOYED, OR ON WHOSE BEHALF YOU ARE APPEARING:				
NAME/BUSINESS NAME ADDRESS PHONE				
Fidelis 3750 S. Lan Vegus Blud #3508 102-509-3909				
SECTION 3				

PROVIDE A LISTING OF ANY DIRECT BUSINESS ASSOCIATIONS OR PARTNERSHIPS INVOLVING ANY CURRENT COMMISSIONER. THE LISTING MUST INCLUDE ANY SUCH ASSOCIATION OR PARTNERSHIP CONSTITUTING A SOURCE OF INCOME OR INVOLVING A DEBT OR INTEREST IN REAL ESTATE REQUIRED TO BE DISCLOSED IN A STATEMENT OF FINANCIAL DISCLOSURE MADE BY A CANDIDATE FOR PUBLIC OFFICE OR A PUBLIC OFFICER PURSUANT TO NRS 281A, 620:



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	SECTION 1			
LOBBYIST'S FULL NAME: Bornie Rinaldi				
APPLICATION DATE: UC-421 +422-14				
PERMANENT ADDRESS: 315 Hamilton Rd				
BUSINESS NAME: Pinaldi & Kesoc.				
BUSINESS ADDRESS: 3	ane			
SECTION 2				
PROVIDE THE FULL NAME A ORGANIZATION BY WHOM Y YOU ARE APPEARING:	IND COMPLETE ADDRESS OF OU ARE RETAINED, EMPLOY	F EACH PERSON, GROUP OR (ED, OR ON WHOSE BEHALF		
NAME/BUSINESS NAME Fidelis Holding	<u>ADDRESS</u>	PHONE		
	SECTION 3	10 .14 		

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